FORM D

Name of Offering

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Mail Processing Section

SFP 15 4000

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR

PROCESSED

Expires:..... September 30, 2008 Estimated average burden hours per form...... 16.00

Serial

SEC USE ONLY

DATE RECEIVED

OMB APPROVAL

OMB Number:3235-0076

UNIFORM LIMITED OFFERING EXEMPTHOMSON REUTERS Washington, DC

(theck if this is an amendment and name has changed, and indicate change.)

Dorchester Capital Partners Global, L.P.

Filing Under (Check box(es) that apply):

Type of Filing: New Filing □ Rule 504 □ Rute 505

□ Rule 506

Section 4(6)

□ ULOE

A. BASIC IDENTIFICATION DATA

1.	Enter the	information	requested	about	the issuer

Name of Issuer Dorchester Capital Partners Global, L.P.

check if this is an amendment and name has changed, and indicate change.

Address of Executive Offices

(Number and Street, City, State, Zip Code)

(310) 402-5090

11111 Santa Monica Boulevard, Suite 1250, Los Angeles, CA 90025 Address of Principal Offices

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

Telephone Number (Including Area Code)

(if different from Executive Offices) Brief Description of Business:

To seek capital appreciation and absolute returns by investing its assets primarily with a diversified group of investment managers and private funds sponsored by investment managers who invest in different sectors of the economy.

Type of Business Organization

corporation

other (please specify)

business trust

limited partnership, to be formed

2

Year 0 4

Estimated

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

E D

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5-05)

, 1		A. BASIC IDE	ENTIFICATION DATA	A	
Each beneficial owrEach executive office	ne issuer, if the iss ner having the pow cer and director of	uer has been organized withi	ect the vote or disposition o		a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Dorchester Capital Ad	visors, LLC		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): 11111 Santa Monid	a Boulevard, Sui	ite 1250, Los Angeles, CA 90025
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Halpern, Michael J.			
Business or Residence Addı	ess (Number and	Street, City, State, Zip Code): 11111 Santa Monid	a Boulevard, Sui	ite 1250, Los Angeles, CA 90025
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Zucker, Mark S.			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): 11111 Santa Monid	a Boulevard, Sui	ite 1250, Los Angeles, CA 90025
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Dorchester Capital Par	rtners, L.P.		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): 11111 Santa Monic	a Boulevard, Sui	ite 1250, Los Angeles, CA 90025
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	New Moon Trust			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): 9921 Covington Cr	oss Drive, #105A	A, Las Vegas, NV 89144
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Dorchester Capital Par	rtners, LP		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): 9921 Covington Cr	oss Drive, #105A	l, Las Vegas, NV 89144
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):			· ···	
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	,	•			В.	INFORM	MATION	ABOUT	OFFER	ING			
1. Ha	s the issue	r sold, or c	does the is:	suer inten					is offering' iling under			☐ Yes	⊠ No
2. W	nat is the m	inimum in	vestment t	hat will be	accepted	from any i	ndividual?					\$ <u>1</u> ,	000,000**
							***				_	**may b	<u>e waived</u>
3. Do	es the offe	ring permi	t joint owne	ership of a	single uni	t?	•••••					⊠ Yes	. □ No
an off an	ter the info y commissi ering. If a p d/or with a sociated pe	on or simil person to b state or st	lar remune be listed is ates, list th	ration for a an associ e name of	solicitation ated perso f the broke	of purcha on or agent or dealer	sers in cor t of a broke t. If more t	nnection w er or deale than five (5	ith sales of r registere i) persons	f securities d with the to be liste	in the SEC d are		
Full Nar	ne (Last na	ıme first, if	individual)									
Busines	s or Reside	ence Addr	ess (Numb	er and Str	reet, City, S	State, Zip	Code)		· · -		_		
Name o	f Associate	d Broker o	or Dealer									,	
	n Which Pe												
(C [AL]	heck "All Si [AK]	tates" or cl			s)[CO]					☐ [GA]	☐ [HI]		All States
				☐ [KY]	[LA]		☐ [MD]			☐ [MN]	☐ [MS]	_ : :	
☐ [MT]		□ [NV]		□ [NJ]	☐ [NM]				☐ [OH]		☐ [OR]		
					[[UT]							_	
Full Na	ne (Last na	ıme first, if	individual)									
Busines	s or Reside	ence Addr	ess (Numb	er and Str	reet, City, S	State, Zip	Code)						
Name o	f Associate	d Broker o	or Dealer			_							
	n Which Pe heck "All S												☐ All States
☐ [AL]	[AK]	[AZ]	[AR]	☐ [CA]			[DE]		[FL]	☐ [GA]	☐ [HI]		
	[111]	[AI]	□ [KS]	□ [KY]	☐ [LA]	☐ [ME]		□ [MA]	[IM]	[MN]	☐ [MS]	[MO]	
□ [MT]	☐ [NE]	□ [NV]		[NJ]	□ [NM]					☐ [OK]	[OR]	□ [PA]	
				[גז]			[VA]	[AW]				□ (PR)	
Full Na	ne (Last na	ıme first, it	individual)							<u> -</u>		
Busines	s or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Name o	f Associate	d Broker o	or Dealer		_								
	n Which Pe heck "All S	_											☐ All States
[AL]	[AK]	☐ [AZ]	□ [AR]	☐ [CA]	□ [CO]		□ [DE]		[FL]	☐ [GA]	[HI]	□ {ID}	
	[IN]	□ [IA]	☐ [KS]		[LA]	☐ (ME)		☐ [MA]		[MN]		[MO]	
□ [MT]	[NE]	□ [и∨]		□ [ил]	[MM]	□ [NY]						□ [PA]	
□ [RI]	☐ [SC]		[NT]	[XT]	□ (UT)	□ (VT)	[VA]	[WA]	[VV]	[WI]	[WY]	□ [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify find Other Expenses (identify)	ders' fees separa	tely)		🛭 🖂	\$ \$ \$ \$ \$	2,500 69,051 7,500
Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees				🛭 🗷 🖄 🗆	\$ \$ \$ \$ \$	69,051
Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees				🛭	\$ \$ \$ \$	69,051
Transfer Agent's Fees Printing and Engraving Costs Legal Fees				⊠ ⊠	\$ \$ \$	69,051
Transfer Agent's Fees				🗵	\$ \$ \$	
Transfer Agent's Fees					<u>\$</u>	2,500
					\$	
والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراع	ck the box to the	left of the estimate.				
curities in this offering. Exclude amou e information may be given as subjec	unts relating sole	ly to organization expenses gencies. If the amount of a	of the issuer.			
Total			<u> </u>	N/A	<u>\$</u>	N/A
Rule 504				N/A	<u>\$</u>	N/A
Regulation A				N/A	\$	N/A
			······	N/A	<u>\$</u>	N/A
Type of Offering				Types of Security		Dollar Amount Sold
his filing is for an offering under Rule Id by the issuer, to date, in offerings o	504 or 505, ente of the types indica	r the information requested ated, in the twelve (12) mon	ths prior to the			
·	-			N/A	<u>\$</u>	N/A
Non-accredited Investors			······ _	0		0
Accredited Investors			······· –	41		90,296,851
				Number Investors		Aggregate Dollar Amount of Purchases
ering and the aggregate dollar amour dicate the number of persons who hav	nts of their purcha ve purchased sec	ases. For offerings under Fourities and the aggregate d	ule 504,			
			<u></u>	1,000,000,000	<u> </u>	30,230,031
					<u> </u>	90,296,851
·			_		_	90,296,851
					_ \$_	
☐ Con	mmon	☐ Preferred				
					\$	
Debt			<u>\$</u>		\$	
Type of Security				Aggregate Offering Price		Amount Already Sold
	Type of Security Debt	Type of Security Debt	Type of Security Debt	Type of Security Debt	Aggregate Type of Security Debt	Type of Security Debt. S S S Equity. S S S Equity. S S S Equity. S S S Equity. S S S S Total Convertible Securities (including warrants). S S S Partnership Interests S S 1,000,000,000 S Other (Specify) S S S S Total Answer also in Appendix, Column 3, if filing under ULOE ter the number of accredited and non-accredited investors who have purchased securities in this ering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, locate the number of persons who have purchased securities and the aggregate dollar amount of ir purchases on the total lines. Enter '0' if answer is 'none' or 'zero.' Number Investors Accredited Investors S 1 Non-accredited investors who have purchased securities and the aggregate dollar amount of ir purchases on the total lines. Enter '0' if answer is 'none' or 'zero.' Number Investors Accredited Investors 0 S 1 Number Investors 0 S 1 Number Investors Accredited Investors 0 S 1 Number Investors 1 Number

4	b. Enter the difference between the aggregate offering price given in response to Par		AND USE OF FR	OCEED		
	Question 1 and total expenses furnished in response to Part C—Question 4.a. This diffe "adjusted gross proceeds to the issuer."	erence is the	•	<u>\$</u>		999,915,949
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, furni estimate and check the box to the left of the estimate. The total of the payments listed the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b	ish an must equal	Payments to Officers, Directors & Affiliates			Payments to Others
	Salaries and fees		\$		\$	
	Purchase of real estate		\$	_ 0	\$	
	Purchase, rental or leasing and installation of machinery and equipment		\$	_ 0	\$	
	Construction or leasing of plant buildings and facilities		\$	🗆	\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another iss pursuant to a merger	uer	\$		\$	
	Repayment of indebtedness		\$	_ 0	\$	
	Working capital		\$	_ 🗅	\$	
	Other (specify): Partnership Interests		\$	_ 🛛	\$	999,915,949
			\$	_ 🗆	\$	
	Column Totals		\$	_ 🛛	\$	999,915,949
	Total payments Listed (column totals added)			99	9,915,	,949
	D. FEDERAL SIGNAT	URE		-		· - · · · · · · · · · · · · · · · · · ·
COI	is issuer has duly caused this notice to be signed by the undersigned duly authorized per nstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Cor the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	rson. If this nmission, u	notice is filed under Repon written request of i	ule 505, the ts staff, the	follov inform	wing signature mation furnished
lss	suer (Print or Type) Signature -	7/1	/	Date		
Do	orchester Capital Partners Global, L.P.	1/		Septembe	er 10,	2008
	aig T. Carlson Title of Signer (Print or Type) Chief Financial Officer of D Dorchester Capital Partner	orchester (Capital Advisors, LLC .P.	, the Gene	eral Pa	artner of

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?□ Yes ☑ No								
	Se	e Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes (to furnish to the state administrators, upon written request, information	furnished by the issuer to offerees.						
4.		issuer is familiar with the conditions that must be satisfied to be entitle notice is filed and understands that the issuer claiming the availability een satisfied.							
	suer has read this notification and knows the co ized person.	ntents to be true and has duly caused this notice to be signed on its b	ehalf by the undersigned duly						
	(Print or Type) ester Capital Partners Global, L.P.	Signature	Date September 10, 2008						
Name of Signer (Print or Type) Craig T. Carlson		Title of Signer (Print or Type) Chief Financial Officer of Dorchester Capital Advisors, LI	_C, the General Partner of						

Dorchester Capital Partners Global, L.P.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	•			API	PENDIX					
1		, , , , ,	3			4		1		
1	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
ΑŽ										
AR	1									
CA		Х	LP Interests	18	\$45,378,960	0	\$0		Х	
СО	•									
СТ		Х	LP Interests	4	\$2,810,000	0	\$0		Х	
DE										
DC				7.747-11-1-						
FL										
GA										
н										
ID							<u> </u>			
IL										
IN				"						
IA										
KS		7.00.								
KY	i									
LA										
ME	1									
MD									 	
MA							······································			
МІ										
MN		Х	LP Interests	1	\$2,000,000	0	\$0		х	
MS										
МО										
МТ										
NE		1-11-11-11-11-11-11-11-11-11-11-11-11-1								
NV		Х	LP Interests	2	\$7,399,622	0	\$0		x	
NH										
NJ		х	LP Interests	2	\$1,150,000	0	\$0		X	

	,	S		AP	PENDIX				
1	:	2	3	4					
	to non-ad	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C ~ Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NM		-							
NY		х	LP Interests	7	\$9,151,884	0	\$0		Х
NC									
ND									
ОН									
ок									
OR									
PA		Х	LP Interests	3	\$2,102,155	0	\$0		Х
RI				,			· · ·		
sc									
SD									
TN									1
TX		х	LP Interests	1	\$1,000,000	0	\$0		Х
UT									
VT									
VA									
WA									
wv									
WI									
WY									
FN		х	LP Interests	3	\$19,304,230	0	\$0		Х

